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Symposium: Intake in Casework
Services for Children

Broad Applications of a
Basic Concept

Adoption of Retarded Children

HENRIETTA L. GORDON, Editor

CHILD WELFARE is a forum for discussion in print of child welfare problems and the programs and skills needed to solve them. Endorsement does not necessarily go with the printing of opinions expressed over a signature.

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SYMPOSIUM: INTAKE IN CASEWORK SERVICES FOR CHILDREN

Introduction

In an effort to bring to the field the benefits of the entire record collection, the Eastern Regional Conference held a panel discussion of trends and practices in intake as revealed in the 1955 Case Record Exhibit. The discussion focused on four aspects:

1. *what is intake,*
2. *effect of agency policy on intake practice,*
3. *cooperation between several agencies offering different services,*

4. *intake in relation to community pressure at time of referral.*

The participants in this panel, all members of the Case Record Exhibit Committee, had felt that they had gained so much from the Committee discussions on the subject that they entered this project with great enthusiasm. Their papers, as well as brief summaries of some of the records to which they refer, follow.

WHAT IS INTAKE?

Elisabeth Howe Jones

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In presenting the thinking of her region's Case Record Exhibit Committee, Mrs. Jones discusses not only what is intake but how it is affected by the policies of the agency and the community's needs and resources for offering services. She makes the point that each agency revealed how it defined intake by the content of the record submitted in this exhibit limited to intake.

THE QUESTION, "what is intake" always refers both to its purpose and to the process. The records in the 1955 Case Record Exhibit, which stimulated this symposium, would seem to reveal basic agreement as to purpose but differences in process. Therefore, let us restate the common denominator of purpose and pursue the controversial issues of the process. A definition of what is intake might, for our purpose, perhaps, be built up most satisfactorily by illustrations from the submitted records. Here are some of the components of that definition.

Helping a Person Understand His Problem and Know What Services Are Available to Him

One record which seemed to operate on this definition dealt with intake interviews with a mother and daughter for counseling service.¹ This case illustrates the generally accepted purposes of intake:

¹ Case Record No. 52, "Application Interviews with a Mother and 15-Year-Old Daughter to Help Resistive Adolescent to Accept Agency Service."

to determine the nature of the problem for which the applicant must find a solution;

to determine whether the agency to which he has come has a service for him, or whether another agency has a more suitable service;

to help the client decide whether he wishes to avail himself of that service or some other;

does he wish to go on without any agency help.

Although the agency makes the final decision as to whether to provide service, its responsibility does not end there. The caseworker has a broader responsibility than determining whether his agency can be of help. He enables the client to know the services in the community which could be available to him, and the steps to take if he wants that other service.

Differing Viewpoints as to Process

Intake process is based on a recognition that a person may come for help aware only that he has some problem which he cannot manage but perhaps unaware of what the problem is, what help he wants, or could use. First, the process of helping the client to determine the nature of the problem trou-

bling him and to establish who can help him with it, usually requires more than one interview. We find agreement on this but variations in the process itself illustrated by the content of records. The Committee discussion also identified these differences. Some material, submitted as intake, consisted of an evaluation of the agency decision to offer further exploration of the client's receptiveness. The intake process seems to be more than this. In one record where the request was for a counseling service, the entire exploratory process consisted of two interviews.² In another record the entire exploratory process consisted of 14 interviews.³ Yet both of these records seemed to illustrate the same basic concept of intake—an exploration of the problem. The difference in length was necessitated by the complications in the situation including the nature of the problem and type of service which had to be examined. Some agencies submitted as intake application interviews consisting only of the evaluation of an agency's ability to explore the problem. In the case of adoption home studies, the difference was even more decided; for example, some agencies submitted the entire adoption home study as intake.

On the basis of the material, the Committee formulated a distinction between application and intake, and came to the conclusion that application is a separate entity—the first part of the intake process. In this phase the client makes known his need for service, and in turn the caseworker makes the agency services and conditions for their use known to the client. When the client and the caseworker agree to try to examine the problem and consider possible solutions, the application is completed. In this initial approach, i.e., the application, the caseworker determines only whether the agency can offer further exploration and the readiness of the client to continue. This seems valid in the light of our experience that a person may come not knowing even if he can bear to examine his problems.

² *Ibid.*

³ Case Record No. 44, "Cooperation with Children's Court and the School to Achieve Placement."

Although some agencies seem to regard this in itself as intake, the records reflected that the more general trend in practice was to regard the application interview as only part of the intake process. The total intake process is seen as a joint study by client and worker of the nature of the problem for which the client is seeking help and the client's ability to work toward change, leading to the decision as to whether the agency's services are appropriate and if the client wishes to avail himself of them. This also involves increasing the client's understanding of what may be his part in accepting service from the agency. Beginning with the application interview, intake involves:

1. worker's gaining understanding of a problem (tentative diagnosis);
2. presenting resources for service either within or without the agency;
3. determining whether the client needs help in understanding services available;
4. helping the client to know what is expected of him.

In the entire process, it is hoped that the applicant can be helped to gain enough understanding of his problem that he may make some decision with the caseworker about the future role which he and the agency will play in working together toward a solution.

Some records could not be accepted for the collection because intake did not seem to come to an end. More clarity was needed about the nature of the problem and the areas needing further study. In other cases the intake did end in a mutual agreement about whether or not the client wanted and could use the available service. In short, the kind of problem, the capacity of the client, the nature of the service, all influence how much is involved in coming to a decision, as well as the number of interviews needed to arrive at the point where the client can make a decision. Many records in the exhibit illustrate how successful intake can be.

Counseling and Placement Intake Differ

The difference between the intake process in counseling cases and in placement requests, including the complexity of the problem of

deciding whether or not placement was indicated, was revealed in some of the records. The complete intake process involves a number of people all concerned in the placement application. If children are to be placed, the natural ending of intake comes with both the parents and the children becoming involved in a definite plan for placement, each in his different way. To make that decision, each one may have to understand not only how he is affected by the problem, but what separation and placement will mean to him. These two types of cases illustrate the relation of the type of the problem to the nature of the service.

Counseling seems to deal with the beginnings of the problem. The caseworker evaluates what the appropriate service is although the clients involved (mother and child) may not see the problem in its entirety. In counseling cases, intake is concerned with arriving at the decision whether or not the clients can and wish to arrange to continue to come in to discuss their problem. This involves some increased understanding on the part of parent and child of what is expected of them—and what is expected is a readiness to consider that each has a part in the problem and a stake in changing an unhappy situation. This itself is change. In the case used to illustrate this, at the conclusion of the intake interviews, Frieda, the 15-year-old girl, remarked she had changed already; she was not cutting school any more. Her mother made tentative beginnings at indicating her own problems. The counseling intake should try to bring out the client's readiness for service. In the case which illustrates this type of intake, the mother could perhaps have been helped to go further in her readiness for the service.⁴

The adoption studies also showed some differences in intake content and raised the question what is intake in an adoption study and how can we distinguish between intake and the continued service? Some agencies submitted the entire adoption home study as intake, some only the initial interview or interviews. We found the differences in points of view brought out most clearly when we

considered what was the focus in our adoption work. Who is the primary client? We see adoptive applicants coming to us like any client for help with a definite problem—in most instances childlessness, for which adoption of a child seems the solution.

Agency's Primary Concern—Child

The study of the adoptive home should reveal whether it is appropriate for the couple to seek to solve their problem through adoption and whether they can be parents to children needing adoptive placement. This means that although they approach the agency with a need of their own, the adoptive couples are not the primary clients. Where the whole study is considered as intake, the agency would appear to be operating on the principle that only as people reveal or develop potentialities for adoptive parenthood can their abilities to use this service be determined, the service being to place a child. If, however, the service to the couple is seen as helping them know whether or not they want to adopt and are ready to meet the agency's requirements for the study process, then the initial interview or interviews, on the basis of which they and the agency decide to go on with the study, can be considered as total intake. This means that the agency's primary concern is children who need adoption. The focus is on the need of the child. We might ask whether we close intake when we have plenty of applications or do we have a responsibility to study adoptive applicants if they are ready to go on and could make good parents. Some agencies close adoption intake when they feel that they have enough homes to serve for children for whom they are responsible.⁵

This latter question seems to swing the opinion away from the consideration of the entire adoptive home study as intake. Records show that intake includes an exploration of whether the family wish to involve themselves in a deeper study of their needs in relation to their childlessness and capacities for

⁵ Group meetings of adoptive applicants have been used to meet all the inquirers and yet to limit to a reasonable number the applications studied.

⁴ Case Record No. 52, *op. cit.*

parenthood for the children needing adoption services. It ends with a mutual decision that it is appropriate for the agency to proceed with the consideration of the couple for adoptive parenthood. We return to the assumption that the child is the primary client and refocus our problem on the fact that the agency has to decide whom it will or will not study to meet the needs of the children for whom the agency is responsible. In adoption studies we can return to an examination of our original distinction between application and the whole intake process. In the application for service the adoptive parents signify a wish to be considered by the agency. The first one or two screening interviews, however, before a mutual decision is reached to go on with the study, are concerned with an exploration of what is involved in securing service, and therefore could be equated with intake.

HOW AGENCY POLICY AFFECTS INTAKE

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INTAKE, like all the other phases of casework, cannot be considered purely as a casework process. It is affected by the setting, which in turn is partly determined by the policies of the agency. To some extent the casework procedures and techniques, and even the worker's skill in using them, are all affected by the agency's intake policies. This was illustrated in the National Committee's discussion during the selection of records for the permanent exhibit. At the outset it was agreed that an agency's policies would not enter into the judgment. It proved, however, to be difficult, if not impossible, to keep some consideration of the policies out of the deliberations, because the intake policies of the agency were found to affect the casework process.

The adoption study would seem to be part of the continued service to the family which ends in a decision by the agency, first, as to whether these people are able to meet a child's need for adoption, thus, also solving their own problem of childlessness. The year of supervision is a continuation of the service begun in relation to a child and is completed when child and adoptive parents have established a new relationship.

Committee opinion continued to be divided about whether adoption home studies should be considered intake, but for some of us the shift in the focus to the agency's responsibility for the child seemed to clear up the question.

We know our concepts of intake content, focus, and process need continued examination. At this crucial beginning stage, when the client reaches out for help, he should find available our best skills.

The position of the Committee was that agency policies must be used flexibly to insure the best service to the client.

The importance of intake policies goes beyond their influence in determining what cases the agency accepts for service. Intake is the beginning of the casework relationship, the point at which the client has his first "taste" of how the agency operates, and on the basis of which he may decide whether to continue the relationship with the agency. The intake policies may well affect this decision. Frequently intake also tells the community how the agency operates. Two questions must always claim the agency's attention:

1. Can we explain these policies so that the community can understand and support our service?
2. Does the value and purpose of these policies justify them?

How Agency Policy Is Created

Is policy formulated on the basis of the casework process, the agency setting, community interests and pressures, or administrative advantages and difficulties? It is a response to several or probably all of these factors. This would mean that policy should be changing in recognition of the changing needs of the clients and the community and the changes in the agency's methods for helping. Agencies always have some policies, whether they are formalized and recorded, or informal unwritten ones handed down from supervisor to worker. Both policy and practice (recognized in law as precedent) may affect the intake process. The caseworker needs to differentiate and understand these two bases for determining the agency's approach.

Understanding what is policy and what is practice, how the policy was created and its purpose reduces the tendency to adhere rigidly to policy. This understanding and acceptance give the caseworker enough sureness to enable him to use a policy flexibly with concern for the client. Understanding and acceptance of a policy make it possible not only to explain it and use it in a way that others can understand, but also to withstand pressures and to stand by a policy with firmness when necessary.

The importance of the policies illustrated in the records submitted to the exhibit goes beyond noting how they affect a particular intake study, for they represent accepted practice and show trends in intake process. This is illustrated in the problem presented in one of the records concerned with a child in boarding care for whom one parent chooses adoption but for whom such a plan is not possible because of a legal technicality. The unhappy experience of agencies, which find that once a child is in care it is often more difficult to get a parent's help in clarifying the child's legal status, also points up the importance of having an appropriate policy as a guide at intake. Should the policy be that the child must be legally free before acceptance

for pre-adoption boarding care in order to avoid this dilemma? Agencies are interested in a process which makes this possible.

Could such policy, however, be used flexibly? Could there be more consideration of what it means to the baby to have his first mothering come from a mother who had already chosen to give him up for adoption and for whom the care of this baby only creates problems in her own home and life? Is following this policy the only way to enable a mother to carry her rightful responsibility, or is there perhaps another method after the acceptance of the child for boarding care?

If casework includes evaluating the client's strengths and weaknesses, could the caseworker help a mother understand the need for her husband's consent for the adoption of her baby? Could the caseworker evaluate the strength of the mother's decision to help obtain this consent, even after the placement of the baby? Should a worker have freedom in the flexible use of such a policy? If a mother was found not to be strong enough to take help in freeing her baby legally for adoption, after his placement in a pre-adoption home, would she have been strong enough to stand by her decision of adoption after she had cared for her baby for a while?¹ Is another question to be considered—the agency's responsibility for the baby?²

In short our policies and methods should be geared to the client's need and to helping the client meet that need. Techniques and skills cannot be ends in themselves. At the same time, we have also a responsibility to the community. Policies should be the outgrowth of the agency's understanding of each client's need as well as its responsibility to the community and should be aids to the casework process.

¹ *Editor's Note:* Some have found that living with her child, may help a mother come to know that she cannot accept parental responsibilities toward that child.

² A problem in securing legal surrender is found also in other situations than that of the legal father who is not the actual father.

INTER-AGENCY COOPERATION AT INTAKE

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This article discusses how several agencies with different services can cooperate at intake.

CASE RECORDS Nos. 41 and 43, submitted to the National Record Exhibit Committee, illustrate pressure in intake to carry through a plan which was evolved by psychiatrists before referral. The psychiatrists had made these suggestions based on their knowledge of their patients and focused only on the patients' needs. They did not have full knowledge of the agencies' services but based their recommendations on what they assumed the services to be. We all have been faced with similar pressures coming from other professionals such as pediatricians, physicians, teachers and nurses as well as those coming from members of the community, interested in the clients, or people who are closely related to the agency such as board members. We can assume that all the requests evolve from a sincere, often emotional, wish to help. They almost always grow out of an identification with the client's needs, and often have the implication that more or a different kind of help needs to be extended to the client. These pressures, even though we may recognize the positive motivation in them, more often than not arouse a conflict in us. If the client has been known to us, we may feel defensive about what we have done and the direction we have taken. If the pressure is exerted at the time of intake, we may react towards it as an attempt to control and to interfere. Since we respect the expressions of the community, we may find ourselves ambivalent in our feelings of rightness about our services. As we relate to their presentations and requests, some doubt may be injected that may shake our own conviction. Where the referral comes from a psychiatrist, these doubts may be heightened because of our great respect for the other profession to which we turn for help and understanding in so many situations.

A Positive Approach to Pressure

Yet the caseworker, representing the agency, is the only one who can truly evaluate whether and how a particular agency service can or cannot meet a client's need. This unique knowledge of the assets and limits of our service, the philosophy behind it, the experiences we have gained through the use of it, the effect we have seen on the client, all help us in our conviction about the service we can render. If intake is considered in its broad sense as exploring with the client the service that can meet his needs regardless of whether the agency at which he is applying can offer it, our conviction about our role will be strengthened. We can relate then positively to the interest and identification that motivated the pressure, and therefore help the person exerting it to understand that we also want to help the client. However, we have to explore whether our agency has the service that will best meet the needs of the client on a long-time basis. It is evident that this approach is more complicated when the pressure comes from another profession which may have little understanding and acceptance of what casework has to offer.

In reviewing the records, one is impressed with the different conviction each agency expresses about its own services and the use to which they put their knowledge.

HOMEMAKER SERVICE (Case Record No. 41)

The case material shows how, through a well-focused intake process, an agency determines suitability and timing of its homemaker service. The case material was submitted by a private, nonsectarian, multiple-function agency in which homemaker service is set up as a separate unit of the agency's

foster home program. The case was referred to the agency by the caseworker of a mental hospital at which the mother is a patient, the psychiatrist requesting this service in an attempt to re-establish the home for the husband and two children, five and six years old, into which the patient could fit at her discharge from the hospital. The mother, who had a diagnosis of anorexia nervosa, had improved to the point where discharge in a few months could be considered. The referral material given at the agency's conference following the telephone referral, indicated family tension, both parents being of different religions, the paternal grandmother strongly disapproving of and interfering with the marriage. During the hospitalization, husband and daughter lived with the paternal grandmother while the son stayed with a paternal aunt. The husband was ready to divorce his wife but, during the casework contacts with him, changed his mind and the relationship between patient and husband was seen as one of inter-dependence. However, the mother, while not being punitive, had given little to her children. The agency giving the homemaker service, focused on the need to explore more fully the family inter-relationships, the strength which might be used and help by homemaker service, the reaction of the children to the separation and the critical feelings expressed by the paternal family. Following the conference, the caseworker saw the father, paternal grandmother and children, and visited the mother in the hospital. During this process of exploration, the caseworker shared her thinking and seemed to help the hospital to refocus its work around the parents' capacity and strength for parenthood. The father was helped to move into therapy. Despite pressures the homemaker service held to its conviction that its service has to presuppose a fundamental capacity in the parents to carry their roles. Both agencies agreed that placement of a homemaker prior to the mother's discharge might be an impediment to the mother's assumption of her relationship with her children, that would delay her opportunity to begin assuming her real role with the

children, provided she shows she has this capacity. Plans were worked out accordingly and the parents decided, after the mother had been home for a few weeks, to manage without homemaker service.

Discussion

In this case the caseworker refocuses the conference by stating that homemaker service presupposes a sound family relationship. On the basis of this concept, as well as on the caseworker's evaluation of the various family relationships, the plan moves from a patient-centered concern into a consideration of the total family situation. The pressure is met not by refusal of service and doubting the hospital thinking, but by bringing in clearly and forcefully the agency's philosophy and basis of operation. The soundness of the homemaker plan is evaluated in terms of the whole family and their ability to carry out such a plan towards a wholesome stability. On this positive basis, the close continuous contact between hospital and the agency offering homemaker service, helps both agencies to work toward the same end within their different functions. They respect each other's professional judgment even though they differ.

Referral Source Learns from Intake Process

INTAKE STUDY OF A SERIOUSLY DISTURBED 15-YEAR-OLD BOY (Case Record No. 43)

The case material presents a diagnostic study at the time of intake of a seriously disturbed 15-year-old boy in which the agency tried to determine whether this boy could use the institutional placement it had to offer. The case was known to several agencies, clinics and private psychiatrists. A private psychiatrist made the referral, asking for immediate placement because of the urgent need of the child's separation from his mother. He accepted the need for an intake study only after having talked with the director of the agency. The case was handled first by the intake worker, who saw the child and family and arranged for the child to be

seen by the psychologist and staff psychiatrist. Statements of the psychiatrist and psychologist are recorded, and the psychiatrist indicated that an attempt could be made to see whether this child would fit into an institution. The worker apparently was apprehensive about it, and there were additional interviews with the family and child, none of them giving material that seemed very different from the initial one. However, after the series of interviews, the worker arranged for a conference with the psychologist and psychiatrist. The available material was reviewed once more, and a mutual agreement was reached that this boy needed the care of a state mental hospital. The worker then helped the family and the child in making the necessary court arrangements for commitment.

Discussion

The second case illustrates the problem that exists for agency and client if the agency's conviction and interpretation of service is not clearly conveyed. The private psychiatrist in this case was not content with hearing from the intake worker that a study is necessary. He had to get this reaffirmed from the director of the agency. The question here and in the ongoing study is whether this case needed to be accepted at all. There were several previous contacts with agencies as well as private psychiatrists which indicated a degree of very severe disturbance in the boy. One question whether the intake study was done as one way of meeting the psychiatrist's pressure. We questioned in our discussion what the administrator's role is in meeting this pressure. Are we as caseworkers always clear where delineation of our responsibility is? When it concerns interpretation and clarification of services in general rather than the service that has or has not been given in a particular case, interpretation may be the administrator's function. In some cases an exploration will be necessary. In others it may not be wise to compromise, especially when we can know at the start that the client needs a service other than the one we have to offer. In this case one finds the worker leaning on two other professions, the

psychologist and psychiatrist, in order to come to a decision. Yet, one is apt to feel that the worker had her reservations from the outset but continued the intake process to gather material that could substantiate her impression that this was too sick a child to make use of the particular institution for which she was making the study. The situation is complicated by the fact that after the psychologist and psychiatrist had seen the child, notes were exchanged rather than a conference held. In a conference, the worker would have the opportunity to focus the evaluation upon the particular situation of the institution and bring out the questions she has about this client's ability to use the service and to fit into the setting. When finally after several more interviews a conference was held, the psychologist and psychiatrist in re-evaluating their previous material, coordinating all knowledge about the patient, came to the conclusion that the child ought to be admitted to a state hospital, which the mother had anticipated. One cannot escape the feeling that the perceptive and skillful intake worker, caught in the pressure, without help from the administration, had to use the intake process in order to prove that the particular needs of the client could not be met by the agency.

There are cases in which the parent and possibly the child may need help to move towards the necessary resource. They may need to feel that all other resources have been explored before taking the serious step of admitting a youngster to a psychiatric hospital. This, too, is part of intake. In such a case, however, the process would be less a gathering of information and more a dynamic interaction to help the parents to resolve their possible guilt and conflict. We felt that in any case, agencies have the responsibilities to evaluate and use materials that are already available discriminately for the benefit of the client as well as the agency.

Clarity of Function Important

In reviewing the records, we felt there was a lack of clarity in defining functions and services in cooperative cases—often the cause

of confusion. It is significant that the discussion was initiated in relation to a record on work with an unmarried mother and her parents, in which three agencies cooperate in helping the unmarried mother plan for her unborn child.

CASE MATERIAL ILLUSTRATING COOPERATION WITH OTHER AGENCIES IN THE CASE OF AN UNMARRIED MOTHER

(Case Record No. 69)

The material submitted by a county department of public welfare reflects, according to the agency's introductory statement, "the initial interviews with the unmarried mother and her parents to reach a decision regarding permanent plans for the child. Interviews pertaining to maternity care have been included because of the influence such interviews had in helping this unmarried mother to come to her own decision." The client was an 18-year-old girl who had dropped high school because of her pregnancy, and had never been separated from her very protective and indulgent parents. Her pregnancy was known in the small rural community and because of that, the family, initially having planned to have the confinement at home, decided on the daughter's care in a maternity home in another county. The arrangements for maternity care were worked out. Upon her request, the girl was assured that the worker at the maternity home, as well as another county agency, would help her in her decision about the baby. The parents were supported in their asserting that they would not interfere with their daughter's decision about the baby, even though it would affect them if the daughter should decide to bring the baby home. The parents' identification with their daughter was so strong that they were immediately ready to come to her rescue when she was homesick following her placement. They were convinced that the boy, whom the daughter named as the baby's father, was the only one with whom she had sex relationships. They were distraught and guilty when they learned otherwise, expressing a sense of failure as parents. The worker agreed with them that the past should be

forgotten and that they should think about the future. The worker noted that the parents were conscientious, hard-working people who had tried to do everything they could for their children. While the daughter was in the maternity home, the worker had contact with the worker there and saw the unmarried mother. She helped the young client share with her parents the fact that she had promiscuous relationships. In this interview, the girl, expecting her parents to move from the community in which her situation was known, was helped to recognize her own unrealistic demands on her parents and decided to give up her baby. This decision was not sustained and it seemed that both agencies—the maternity home as well as the county agency to which the girl had been referred—worked further on this problem and notified the first agency when the final decision to give up the baby had been reached.

Discussion

This record deals with the situation in which child care workers are concerned about the future of the unborn child and, in light of that, often are apt to lose sight of the immediate problems of the unmarried mother and the decisions she has to make about her own life. Often we move too quickly into the problem that still lies in the future rather than staying with the immediate present, understanding the dynamics of the interpersonal relationships that precipitated the out-of-wedlock pregnancy. In reading the material, one wonders whether the agency doing the intake could not have stayed with the immediate problem of the mother and her family in having their first separation from each other. It would seem logical that the worker at the maternity home would deal with the questions that concern the adjustment there while the agency in the county, where the maternity home is located, would probably be concerned with planning for the baby. Such a division would leave the first worker free to relate herself to the client's parents who are reaching out for help beyond the immediate solution. It must be confusing to the client to relate to three different workers at the same time. Furthermore, pro-

fessional time and effort are not used most constructively when the agencies lack clarity as to their different responsibilities.

In our discussion we questioned who the clients are in a case like this. The girl is eighteen, and in many cases of a girl that age, we may, of necessity, work with the unmarried mother only. In this case, however, we were dealing with a very dependent, immature girl who had been promiscuous while still in high school. Her parents were reaching out for help. We wondered whether the stage was set broad enough so that the clients—parents

and daughter—could receive full service. By this I mean full service in terms of a deeper understanding of their inter-relationships and the use they were making of each other. We recognized that in evaluating the material, we were looking for a set-up that might not be possible in the reality of these particular agencies. Yet, we felt that the more limited our services, our professional time, our resources are, the clearer we need to be about the specific help we can offer and to make it as dynamic and helpful as our knowledge permits.

THE USE OF AUTHORITY IN INTAKE

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The writer notes that she has drawn on the field of child placement in discussing the subject of authority used in intake, largely because she knows this aspect of social work better than any other, and also because she feels the general concepts apply throughout the field of child welfare.

COOPERATION WITH CHILDREN'S COURT AND THE
SCHOOL TO ACHIEVE PLACEMENT
(Case Record No. 44)

Harvey is the only child of a very disturbed and immature marriage. His mother died two years ago, when he was about ten years old. She had been ill for many years with a heart condition, and was described as a very infantile and fearful person, who never took care of her child. Harvey was brought up by the maternal grandparents and was shuttled back and forth between the home of his parents and that of the grandparents. Harvey's father is a dull, very immature man, who has never been able to take on more than just the financial responsibility for his family. His relationship to Harvey is on a child-like level, in fact, Harvey is more in the father role and completely controls Mr. Bonn.

For the past two years before placement, Harvey was living with Mr. Bonn and a maternal uncle, Mr. Ald, both of whom are in constant conflict. However, these two men persist in the relationship because it seems to serve their own needs. Mr. Bonn is very dependent on Mr. Ald for the help in caring for Harvey. On the other hand, Mr. Ald is a somewhat feminine person, a bachelor, who has actually taken on more of the mother role in this family constellation. He constantly berates and nags Mr. Bonn for his inadequacies. It was Mr. Ald who looked after Harvey's basic needs such as his food and clothing. Also, Harvey and his uncle slept together in the same bed until recently.

Harvey has been able to maintain himself in this very difficult family situation for years by manipulation, the

way in which he had been handled by the adults. He has been very fearful of placement, is finding it difficult to separate from the neurotic relationship he has with the two adults in his life. He is very obese, eats a great deal, bites his nails very badly, is enuretic, and generally very anxious and fearful. For the past two months, he refused to go to school, claiming that there are rough boys who beat him up.

In the course of the intake study, we found that while on the surface both the father and the uncle said they wanted placement, there was still a great deal of manipulation underneath, and Harvey was able to make them both feel very guilty about the planning for him. Therefore, the uncle was not able to tell Harvey directly that he wanted placement for him. In view of the control that Harvey seems to have over both these "parents," and the tremendous power he has in making decisions for himself, i.e. whether or not he will go to school, we decided that this situation should come on a court commitment. It was taken to the School Parts of the Children's Court, and Harvey was placed on a court commitment in order to take the decision away from Harvey, the father, and the uncle.

It does appear that in the intake study there was some movement in the situation, in that Harvey began to feel that he was not all powerful and that there were other people who were interested and would plan for his best interests. We also made some beginning wedge into this neurotic relationship between the father and the uncle. We began to establish that they each had to deal directly with the agency with regard to Harvey and could not use the child as a pawn in their struggle.

WE SOCIAL workers like to ignore the fact that we are authoritative in our work with children and parents. Yet we know that law and custom assume any adult who takes responsibility for a child must have authority in relation to that child, primarily because of the social fact that children grow into independence slowly. As mature adults, we recognize that authority is inherent in our society or any society, and that when used rationally, it is constructive. We strive to make it rational in such things as government and employment. None of us objects to traffic laws; many of us would want social responsibility assumed for adequate housing for all, full employment, etc. Unfortunately, we have all had some experience with authority that acts in irrational ways, where commands are given without regard to the welfare of those commanded. If we are reasonably mature, we have learned to discriminate between irrational and rational authority and do not react personally to either, thereby minimizing the emotional toll of daily living in our complicated world.

Normally, a child looks to his parents as authorities, gradually learning that there are people and social institutions that in some ways control his parents' destinies. Some of these institutions, such as the school, expect his parents to teach the meaning and respect for this external social authority. The child who lives at home has the stability of knowing his parents' philosophy, accepting it as valid at first, and later rebelling against it in some ways, only to incorporate most of it in the long run. He has the opportunity to develop discrimination about authority, to distinguish between the reasonable and the selfish, to make judgments and develop characteristic methods of dealing with the demands of his family and society.

Problems Which Face Child

How different and confusing is the orientation of the child who must be considered for placement away from home. It is only when family relationships have deteriorated that placement is considered by the parents or imposed by a court. Parents willingly, although

troubled and in conflict, come to a voluntary placement agency, to consider placement of a child as a solution to their problem. Before adolescence the choice of placement is essentially the parents' and not the child's, but the authority of the agency is implicit in the fact that it is the agency that has the final right of decision. The child knows this directly or obscurely, depending on his parents' ability to explain what they are doing. Consider the plight of the child who knows how terrible things are between his parents and himself! He must still depend on the wisdom of his parents because he knows little else. It is too fearful to consider that the only people he has to rely on are unreliable. He is further shaken and made more insecure by the fact that an external and unknown mysterious agency with all sorts of alien ideas about child rearing has the power to take him or leave him. Surely there is the hope that his family or the social worker can repair his crumbling world well enough for him to remain home. Sometimes we can help a family find a solution other than placement, such as referral to a marital counseling or child guidance service. Often there is no community resource, such as permanent housekeeper or day care service at low or no cost. Sometimes placement is the wisest solution. In the midst of this whole process it must occur to the child that not only is his family failing to solve their problems without help, but that the agency is not omnipotent, not omniscient, and is very threatening because it is new and uncertain. Also, since he can be uprooted once and transplanted to the unknown, who knows how reliable this new place will be? Fortunately, the child's very misery is a motivating force to make placement work. A child can build on and use what is positive in the new environment. He might attempt to relate himself to the new experiences all the more if he was unhappy at home, particularly if helped to handle his guilt, anger, and anxiety at the separation from his parents.

Agency's Work with Parents

In our work with parents, we attempt to secure their cooperation on behalf of the

child, rather than undermine their position. We make it clear we stand ready to serve them so that their child can continue to grow and develop himself despite their inability to give the emotional support needed to enable the child to do this. Because of our experience in placement we know better than the parents how to make his an enabling rather than a crippling experience for all. If the parents cannot accept and understand our concepts and practices enough to work with us, they are free to reject our help, unless the commitment is not voluntary. It is our responsibility, however, to make our ideas clear, to tell parents in a way they can at least understand if not accept, what we believe their problems are in relation to their child. We try to help the parent see that for placement to be of maximum benefit the child must feel his parents want it, want him to listen to us, and that they will work on their problems in order to see if they can find a way to successfully either care for him themselves or help him live with others. In this way the child does not have to choose between adults in conflict, often tragically reproducing a too familiar parental conflict. Since everyone deduces more from deeds than words, the child learns something about rational authority from the very way we proceed. He can also see his parents succeeding in one thing in relation to him. Although all these concepts are discussed with the parents during the intake study, the process of helping a parent maintain this usually has to be worked on throughout the entire span of placement because of the internal and interpersonal pressures in the family constellation during separation.

Any family is in conflict about requesting placement. They are going counter to the social mores. They must admit failure despite the reluctance to do this in our culture. They are torn between their positive and negative feelings for the child. They half hope we cannot help him either, thereby vindicating them as parents. It is important to remember that parents today are subject to tremendous strains and pressures in social and psychological areas and that the task of being adequate parents, particularly in com-

plicated urban communities, is increasingly difficult. We must respect parents who face the fact that they need help and encourage the strength they mobilize in order to seek and use help.

The Court's Responsibility

With all these and more problems, there are many families whom we recognize as unable to sustain placement, even with skilled help. These are people who often press for immediate change because they cannot handle their anxiety enough to face the deep conflicts to the point of acting thoughtfully on the child's behalf. Here the interest of the child, too young to take responsibility for his own choices, must supersede that of the adults. The child can learn from this that when his family cannot act in his interest, society can. Although this is threatening to the child eventually, because the caseworker treats his parents with respect and sees to it that he receives the care and protection that he needs, the child comes to accept the necessity and is helped toward further emotional growth.

When we realize a situation calls for outside intervention, a private voluntary agency cannot do more than give recommendations as to what, in its best judgment, is the wisest solution in the situation. The private agency can turn to the court. In general, I feel it is socially sound to have such authority vested in the court even though many times social workers wish they could act alone because they are so caught up in the injustice of a particular case. There are very few reasons why a family should be broken against their will. These reasons should be sharp, clear, defined by law. Emotional damage can be proved in extreme situations. In the long run, there is more protection to people's social rights if the responsibility for taking children from their families is lodged in the children's courts. For one thing, working in a situation imposed on people is exceedingly difficult and if not ultimately understood by at least the child, usually fails. In some instances, it is the responsibility of the voluntary agency to turn to the court for a decision when it sees

placement as answering the need of the child, although the family cannot sustain the effort. This reliance on the court is well illustrated by the Case No. 44. In this case, it was felt that the psychological tie with the home was so strong and so damaging that no voluntary agency could counterbalance it alone. The worker knew placement would fail because of parental vacillation. In this instance it was made clear to the child that the court, a bigger authority than parent or agency, decided the child should not live at home and asked the agency to provide care, which it was willing to do. The relatives were relieved of trying to do something they were too conflicted about to accomplish. The court acted to strengthen the part of the father who wanted help for his child. Undoubtedly there was also much anger generated here at the choice being removed from the family, but at least the child knew he had no choice about being placed. He does have choice in regard to what he makes of placement, the outcome being determined by the emotional health and strength of the child and the emotional support of family and agency. The child knew his family was damaging to him

and could possibly use constructively the fact that interested adults sought replacement of the authority of his parents, which was destructive to him, by a bigger and more rational authority that could secure better care for him. Hopefully this will contribute to his making better judgments about adults.

Editorial Conclusion

In summarizing the major points of these papers, it is important to note that at intake we should learn the nature of the problem for which the client comes seeking a solution, and we should determine whether or not the agency has a service for the client, or whether he must go to another agency for the help he needs. In the process, the client should be helped to understand his problem, where help is available in the community, and whether he is able to use that service.

Since the caseworker is frequently the chief liaison between the community and the social agency, it is important that he be able to explain, and at times even justify, policies governing the agency's services. To this end, he needs great clarity as to the philosophy and the function of his agency.

Dorothy Hutchinson

In recent weeks, while traveling in many parts of the country for the Child Welfare League of America, the many people in the child welfare field whom I met expressed their sense of loss in the death of Dorothy Hutchinson. Some of these were people who knew Miss Hutchinson personally, having been her students or having attended her institutes on child welfare, but many of them knew her only through her writings. Though one of the foremost practitioners in the child welfare field, in one sense, it was not upon her technical contribution that they commented.

The unique contribution that Dorothy Hutchinson made was imbuing her colleagues with a sense of the dignity and importance of the profession they had chosen. She enabled them to appreciate better the essential strength of parents and children, the qualities of warmth and "humanness" that are of the essence of social work, and the rewards and personal satisfaction that were theirs to have.

Miss Hutchinson believed in the basic human qualities of the child, of the parent, of the foster parent, as well as of the caseworker. She infused her concern for the disadvantaged with a religious faith in the unlimited potentials of life. Above all else, she taught her students, both in class and through her writings, to love and understand children, and to love to work with them. Everyone in the child welfare field who was touched by her work has a deeper sense of the dignity and importance of their profession, which will live long after the technical advances to which she contributed have been superseded by new knowledge gained from research and experience which she was always one of the first to encourage.

JOSEPH H. REID

EDITORIAL COMMENTS

One Per Cent for Scholarships

THERE IS AN acute shortage of social workers now.

By 1960 we may be short of 40,000.

This is true in the light of the present enrollment of about 8,000 in graduate schools, the current vacancies totaling approximately 10,000 and the continuing expansion of welfare services.

In part, at least, this is a challenge to voluntary fund-raising agencies, which finance our voluntary social services. In part, too, it is the responsibility of government for public welfare. All in all, however, it is the obligation of the total community to recognize the significance of social work in our changing society.

The extension of health and welfare services in areas of unmet needs such as mental health, alcoholism, geriatrics, rehabilitation, juvenile delinquency and others are certainly frustrated, in some measure, by the lack of an adequate corps of trained social workers, and the lack of such incentives as recognition, respect and remuneration which will help to increase the number.

There is a practical approach to this problem.

United funds and federated appeals in each community should include, in their campaign goals, an item earmarked for scholarships for deserving youngsters interested in social work—for both undergraduate and graduate work. It is important that high school students be reached.

This scholarship fund should be allocated to and administered by a representative group of community-minded citizens which should act as a citizens' committee of the Council of Social Agencies. This close contact with the practicing agencies would give the committee information about the need for more staff and the basis for establishing policies with regard to the agency's participation in the training program. Working in close cooperation with the local school system and with schools of social work through the National Council on Social Work Education, this citizens' committee on scholarship could

interpret what the field offers the citizens at large and the professional advantages for potential students. At the same time it could bring back to the agencies the questions and problems posed by prospective recruits. In this way the recruiting and training program could be developed to insure the greatest success.

If only one per cent of the total annual contribution of approximately \$330,000,000 to chests and funds were allocated for this purpose, there would be about \$3,300,000 available for scholarships from this source alone.

This would be a beginning. There is no question but that the values accruing from a better understanding of social work and its importance in the age of automation would in the end result in improved services and would amply repay the community for these expenditures.

LEO PERLIS

National Director

AFL-CIO Community Service Committee

Supplementary Proposal Re Scholarships

The proposal advanced by Mr. Perlis,

that chests and united funds earmark one per cent of the funds they raise for use in providing scholarships to students preparing themselves for a career in social work,

is both a creative and realistic one. Hopefully it will bear fruit.

It is sometimes difficult to understand why communities and agencies will invest a great deal of money in a study of community needs, when all too frequently the implementation of the recommendations flounders on the inability to employ competent social work staff. Yet these same communities and agencies seem so reluctant to provide funds for the recruitment and education of well-qualified personnel they need so desperately. In the last analysis, as we all know, the value of any service program such as social work is dependent, in large part, upon the personnel which administers it. In this period when there is such keen competition for college graduates, the field of social work must offer inducements beyond what it once did, if it is to attract its share of the available supply.

Scholarship aid is one very potent way of interesting students in the career possibilities of social work.

The Children's Division of the Michigan Department of Social Welfare offers an illustration of how a consistent long-time policy of providing student stipends can assist in the development of a competent professional staff of social workers.

One of the most logical sources of voluntary funds for scholarship aid (which might be a supplement to the proposal made by Mr. Perlis) would seem to be money for salaries allocated by the united funds and chests to member agencies, which cannot be spent because qualified personnel are not available. What better or more logical use of these unexpended balances could there be than using them for scholarships in order to increase the supply of professionally qualified social workers? In this way, communities and agencies would be making a positive contribution toward insuring that the money they raise for welfare purposes will be administered by competent personnel who can make it yield the maximum in community benefits.

ERNEST F. WITTE

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BROAD APPLICATIONS OF A BASIC CONCEPT*

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The author discusses the basic concepts that comprise the character of social work in terms of the responsibilities of the board member and social worker and the conflicts that arise between these two.

WHAT THE social worker and the board member have in common is more basic than what differentiates the two: both are committed to the enterprise that explains their working together. The social worker carries out the service because of the technical equipment, the know-how. The board member makes this practice of social work possible by providing the agency channel, the setting.

The equipment required for this board task, whether public or private, is not usually considered technical, mainly because few people train for it formally; almost no one makes a career of it, and no one makes a living in any volunteered undertaking. The know-how of the board task is equally technical and subtle, but more of it is intuitive than social work will admit of its own special insights.

The difference in training and equipment partly explains the social worker's use of the term "layman" or "lay citizen," even when referring to the cooperating citizen who in his own right is a brilliant member of another profession. This usage permits a quite famous surgeon to be introduced by his earnest executive as "one of our most outstanding laymen." The social worker's good will goes without saying, we trust; nor does the usage betray insular preoccupation with setting or professional self-anointing. Our usage is a term of convenience, rarely anything more. It should be suffered gently if not gladly.

The "laymen," then, some of them board members, are the non-social workers who sponsor the social agency in behalf of the authorizing society; they are the guarantors

of the service to the community; they are the bridge of understanding between the social workers and what one social worker has called "the citizens who feel they are culturally vindicated and politically elite." The layman who is such a bridge is a "citizen expert," and it should be possible to use "we" in the sense of staff and board together, except when context is to the contrary.

But Not Always Eye to Eye

Although we are in a common enterprise, each with his own functions, the relationship is not without its fugitive discomfort, a sense of strain, possibly reaching a point of misunderstanding and loss of mutual confidence on occasion. Do the professional disciplines and skills fail, or are they not used? Or is the discipline in this relationship displaced by the intrusion of a special set of attitudes, of feelings, evoked by a threat of prestige? It is not permitted to go so far, but it is safe to say that the social worker tries, not always successfully, to respond primarily to the theoretical, scientific component of the data and consciously tries to avoid the value judgments with which the "layman" responds to data. The social worker attempts to arrive at a technical judgment (or diagnosis) that will guide suitable methods of help. The citizen finds that a value judgment generates a sufficient motivation for his appropriate help. Neither makes much effort to bridge the apparent gap.

The non-social worker citizen might see the unmarried mother as a "poor, misguided girl." The social worker, at least in the "new hand" stage, refers to "familial and other environmental background, the constellation of conditioning psychological factors," and spells it out in an admirable helping blue-

* Based on a talk given at the closing meeting of the CWLA New England Regional Conference, Manchester, Vt., May 1955.

print. That this is done in precise technical terminology two counties away from value language is beside the point. The point to be stressed is that neither party to this seeming difference brings to the fore the similarity of the basic judgment, nor does either suspect that the same basic principle underlies both responses.

If this difficulty ever appears in board-staff understanding, how higher a barrier, and more frequent, might it be in work with the wider community? There are other characteristics of social work that make for imponderable handicaps in communication, though board and staff take proper pride in most of the very qualities and convictions that create the problem.

Assets Carry a Penalty

The point can be illustrated by a few of the characteristics as suggested by this writer and others on many occasions. We need to be reminded because we live with the facts and forget their natural effect on the public.

1. The social agency costs money, and in many agencies most of the money goes to pay for personnel. The social dividends from activity of the personnel are usually anonymous, not identified, and at most are not conspicuous. This characteristic touches society to the quick, in the place most sensitive and tender to touch, the pocketbook.
2. Social work does not have a prestige clientele. It has no carriage trade. Its clientele is mostly the temporarily weak, inadequate, handicapped, deprived. The professional enterprise—to restore strength, to lessen cultural deviance, to change the environment—is difficult to explain to the point of quick understanding. Much of the public, for example, identifies us with our clientele.
3. Along with this fact is the further generality: we are seldom "claimed." Few people say "my social worker," although they freely, even conspicuously, say "my physician," "my hairdresser," and more recently "my psychiatrist." ("My exterminator" has reportedly been heard.) Many of our services are associated in the mind of the client with a period of trouble, pain, perhaps loss of self-respect; a time best forgotten, and may it never come again. But memory is kind and does not easily hold pain in conscious recall. The result, however, is that the people social work helps are not free or even able to testify to the helpfulness or value—if, indeed, the help was evident to the client.
4. It is both a professional belief and an article of method that we accept people where they are. We

do not indict first and then extend a hand-up. We attempt not to be judgmental or what is called "moralistic." This approach to people has the highest bona fides in religious precept and we have some practical indication that it is scientific; but it is not the folkway, nor the way of the old Adam we each entertain. It is easy to give the impression that we are without standards or ethics; that we condone anti-social or other deviant behavior. This difference in point of view can be most adamant when the critic has a sneaking suspicion that he is not in the moral ascendancy, that the social worker is right, and he wrong.

5. We try to help the culturally deviant in a society that gives a high premium to conformity. The day of great tolerance for the eccentric is passing, except now and then when someone has filed claim to being an exception by conspicuous achievement. (But he is then a licensed eccentric, and our clientele is hardly eligible.)
6. We try to individualize in a society that likes to classify and pigeonhole. We attempt to make clear the face in the faceless crowd. Thus, we "snoop," we "pry," we infringe.
7. We are fundamentally optimistic in the sense that we cannot accept any situation as insoluble or beyond some help that will improve, ameliorate, or correct. This optimistic world-view is common but not conscious among the general public. In behalf of other people, the optimism is less common—whence we hear "What can you expect? Like father, like son." "It's in the blood."

There are other characteristics or attitudes in the social work character, but in short space these few must suffice. They illustrate or reflect basic concepts that may be reduced to an underlying basic principle of man's life and his growth, a principle that seems in conflict, but is possibly parallel, with the more consciously dominating principle of this country's development.

Competitive Mode

The apparent conflict arises from the competitive mode of our culture. As a society we celebrate competition, we give high rewards to an industrious aggressiveness, competitiveness; and we put a great premium on fitness therefor. This is proper because to it we owe much of our growth in national strength.

Fitness for survival has taken on a scientific authority within the last century; and competitive fitness has become a conditioning factor of great influence in our rearing and in much of our adult experience. We

have a deeply ingrained need to be "adequate" beyond the adequacy of others, because it is not the merely fit who survive but the fittest. Thus, fitness is understood to be a function of the individual, possibly of a family or group—though within limits.

But we seldom note the primitive character of this struggle and almost never the relative nature of independent effort. Self-reliance is never quite complete and independence is possible in only limited, temporary phases of our life situations. We rely on others daily and we become increasingly dependent on the anonymous throng of our fellows.

Social work recognizes the cultural need to be wholesomely aggressive, competitive, and strong. Its devotion, however, is less to the principle of "survival of the fittest" than it is to the enterprise of making people "stronger and fitter to survive." The social agency's way of achieving this is to increase cooperation among people and groups that alone can authorize and implement the needed services; and then to provide the professional technical means to bring special skill to bear on the problem. The profession and its agency setting have a bone-deep belief in cooperation or altruism as the way of implementing and multiplying the help professionally afforded.

Competition and Cooperation in Harmony

It is possible to see cooperation and competitiveness as non-conflicting. They are ambient, not poles of an ambivalence. Possibly they serve each other in a civilized society, since they meet man's needs. At least, it looks as if society advances on the parallel principles as if on alternate steps. To change the figure, each is a hand of man, who is ambidextrous. Or is altruism the thumb of the hand? It permits the hand to hold securely, to bind, to encompass more than the thumbless hand could manage. The thumb even helps make a fist, as we learn in a war effort. And in the slang of pantomime it is the gesture of optimism, friendly hail, "thumbs-up."

Our culture is conscious of both principles, but we give competitiveness a higher popular status. The altruistic endeavor in behalf of the weak or less strong has been called "soft—even soft-headed." But competition is hard-headed. Competition is virile, masculine, hearty, stubborn, persevering, brawling, ruthless. "Practical" is the often-used word. Its opposite, of course, is "impractical" or possibly "idealistic." Many of our concerns for other people are thought feminine, sympathetic, compassionate, sporadic, emotional, sentimental. Yet, the tender heart has the greater fortitude and must be protected by the hardest head, as James suggested. It is the feminine factor that has always kept the future in mind, first in focus.

Our common social agency enterprise has the job of mending rents and tears in the social fabric. Its ethical authority has roots in very old religious and philosophical precepts. The rationale can rest in these origins and with the authorizing word of our democratic society, but some of us are given additional comfort when we find in a few scientific writers a verifying authority on a par with that given to competitiveness. Several quotations sketch a view that places cooperation or altruism level with competitiveness as a necessary way of man's long climb to his present state.¹

Testimony to Social Work's Basic Idea

It is ironic, but fitting, that the importance of altruism can be identified in Charles Darwin (*Descent of Man*). A clue to part of his content is this sentence:

"Once there are larger communities, the social instinct or sympathies should be extended even to people unknown to one."²

¹ These quotations (identified by Ashley Montagu, *On Being Human*, New York: Henry Schuman, 1951, pp. 21, 23, 75) were considered in relation to social work by the writer in several pages in the 1953 Proceedings of the Council on Social Work Education. Inclusion of these brief excerpts, together with the foregoing background passage, is justified, if at all, by the implications for social agency board members.

² Darwin, Charles, *The Descent of Man*. New York: Appleton, second edition, 1879. P. 122.

The social agency is one authorized channel for this sympathy.

A few years later, in *Evolution and Ethics*, the elder Huxley said:

"The ethical process requires that an individual should not merely respect but help his fellows; this influence is directed, not so much to the survival of the fittest, as to the fitting of as many as possible to survive."³

(This is the source of the earlier quoted view of the social agency function.)

The physiologist, Charles Sherrington, said in 1941:

"With the small beginnings of multi-cellular life millions of years ago, came the slender beginnings of altruism today—altruism as passion; as yet Nature's noblest product; the greatest contribution made by man to life. Altruism is shared feeling, feeling with and for other people."⁴

Here is the remote origin of our common motivation. Altruism is not the fruit of a luxurious sufficiency achieved by competitive fitness but the necessary means of survival for society. It is in the blood stream, the bones. It is in the genes.

The younger biologist Huxley, in *Evolution in Action* several years ago, saw two principles in progressive evolution:

1. the "realization of new possibilities"—the way must be kept open for these; and
2. the "primacy of human personality," which he says is a "postulate both of religion and of liberal democracy, but it is a fact of evolution."

Each has played a role in history. Combine the two and we have "the nearest to an ultimate that we can discern in human life . . . not an absolute but a trend—the trend toward greater realization of possibilities by means of the cooperation of integrated individual personalities."⁵

It takes little good will to conclude that social work is no puny few; we are in step with the march of man's history, still in the making and now capable of being consciously planned.

³ Found in Huxley, T. H. and Huxley, J., *Touchstone for Ethics*. New York: Harper and Brothers, 1947. Pp. 91-92.

⁴ Sherrington, Charles, *Man on His Nature*. Cambridge: Cambridge University Press, 1941. Pp. 386-388.

⁵ Huxley, Julian, *Evolution in Action*. Harpers, 1953.

The Basic Function

To be a part of a social agency is to help make the world, the community, a little more hospitable in the eyes of those who have felt unwanted; it is to seek, to find, and to encourage the core of strength in the temporarily weak. The way of this strengthening is not that of the crustacean, it is the way of the vertebrate; we want, not an external shoring up with a hard shell or a calloused hide but harder, tougher bone structure and musculature.

In this sense, the social agency expresses the best that man wishes for himself and his fellow. The agency reflects society's better self speaking on second thought, reflective thought, perhaps at odds with the old Adam's prejudice and bias, negation and pessimism; but the conflict is not a denial of the authorization to the agency. By a mature and sober sponsoring of the social services, society protects itself against many self-defeating conditions. To be the alter-ego of society's best motives is a high and taxing function. We are among the facilitators of the cooperative effort that strengthens the whole social fabric. The contention here is that the motivating altruism is the expression not of benevolence or philanthropy but of a necessary self-interest. In this altruism, man is able to keep his dignity, his identity, with possibilities always open for realizing the potential that exists.

This is the cause of man that is advanced; and those who are in social agencies, as social worker or as board member, have a part to play—a small part, but a very old role, a classic supporting role. Those who fill the part "are the abstracts and chronicles of the time" and their function—but it was said best in the same place, when Hamlet says to the players:

"The purpose of playing, whose end, both at the first and now, was and is, to hold as 'twere, the mirror up to nature; to show virtue her own feature, scorn her own image, and the very age and body of the time his form and pressure."

We are a small company, but we play in no Little Theatre. "The world's a stage." We take no curtain calls, but the performance is good. One thing more might be asked of us: that outside our agency, when we think the curtain is down, we remember it is dress rehearsal.

THE ADOPTION OF RETARDED CHILDREN

Paul W. Beaven, M.D.

Chairman, Committee on Adoptions
Council of Social Agencies
Rochester, New York

Consistent with the thinking that all children who can benefit by home life should have a home by adoption, if their own cannot serve them, Dr. Beaven pleads for the rightness of including mildly or moderately retarded children.

LAST YEAR the Rochester adoption agencies were asked to give a summary on their experiences in adoption practices for the two preceding years. Because of the fact that there were some children who were difficult to adopt, particular information on such youngsters was asked.

These reports showed that the Rochester agencies, though they had some children who were difficult to adopt, had succeeded remarkably well in placing the children in their care in adoptive homes. In those not placed, the handicap of the child was usually in older children where emotional problems had developed; in children with mixed racial parentage; in children with great physical handicaps for which little or no help could be given, or mental retardation.

In a situation where there are so many childless couples wanting to adopt a child, it may seem strange that there would be any difficulty in placing any child. The only problem is to find the right child for the right home, when the baby or child is normal. But the skill of the social workers is never better demonstrated than when they find a suitable home for an abnormal child. They face the same situation with which parents are confronted when we have in our own children one with a physical or mental defect. Fortunately this rarely happens, but it does occur. In this situation the social workers act as parents. It is a deep responsibility.

When first introduced to the problems presented by adoptive children, I thought the situation relatively simple. On the one hand was a child free of physical defects, with a fairly good genetic history, and on the other there was a home ready to adopt that child. According to the then prevalent psychiatric teaching, even a poor hereditary history need not be taken too seriously, because the new

and better surroundings would overcome this. This does often happen. If a child were not physically, emotionally or mentally fit, then he could be declared so, and this child would be sent to a foster home, to a suitable institution, or to a hospital.

But our adoption agencies taught me some of the situations that modify this apparently simple procedure. The natural mother of the baby usually desperately needs advice during her pregnancy; she needs understanding and sympathy and much real counsel before she can or should give her child for adoption. If this is not well done, the experience may become an emotional barrier to her for the rest of her life. After the baby has been born and has been "surrendered," there are many times when the child's mother still needs help and the social worker is not content until that mother is content. The mothers who bear children out of wedlock, or women whose homes are broken, or mothers who for one reason or another don't want to keep the child are usually the victims of poor parental guidance or some social or economic maladjustments not of their own making at all. Wholesome and intelligent help to the natural mother is an integral part of our adoption practice.

The situation is often made easier, though not always, for the social worker when a prospective mother has made up her mind that under no circumstances will she keep her child. Some may think this an unnatural and heartless act on the part of any mother. But this may well not be true. Most frequently she is making this great sacrifice for the good of the child. She realizes that society is cruel to the illegitimate child raised by his own mother. Society is not cruel to the illegitimate child raised by adoptive parents. Giving up the child may be the profoundest

evidence of maternal love. Our adoption agencies can give innumerable illustrations of this attitude of mothers when they surrender their rights to their own infants.

In Child's Best Interest

While I cannot forget the natural mother, as a pediatrician it is natural that my interest should concentrate on what is good for the child. Given the attitude of society for what it is, adoption of these children is the best solution. If, however, that is the correct answer, then we are forced, it seems to me, to accept that not only the "perfect child" should be adopted, but all these children, regardless of handicaps, should be adopted. The Child Welfare League of America, the organization which sets standards for adoption agencies, says that any child who is legally free and can benefit by family life is considered adoptable.

The Rochester agencies have met this great and difficult challenge. Occasionally they encounter malformations, as in congenital heart disease, that can be corrected. All agree that such a child is adoptable. Occasionally one is found that has intractable pathology, as a blind child, or types of cerebral palsy free of mental retardation. Here our agencies search for an adoptive home with parents not only stable enough, but wonderful enough to accept that child for their own. Such children have been placed in adoption in recent years.

Neither the Child Welfare League nor our local agencies are yet ready to place in adoption a known retarded child. Mental retardation is the ultimate handicap. I feel that the time will come when the legally free, mildly or moderately retarded child will be offered for adoption. Not the baby who is helpless, unresponsive, uneducable, or a hospital patient. These are severely retarded. I cannot emphasize this difference too strongly. I am talking about those that are in their own way responsive and appreciative of their surroundings, but will never be "normal." They can and do benefit from family life. The very great majority of retarded children are only mildly or moderately retarded. I have

come to feel that way because I have seen these children make a great contribution to the life of a family. This is not always true, but it frequently is, especially when there are no brothers and sisters to take the time of the mother.

In common with most physicians, I used to advise all parents with retarded children to put them out of the home as soon as the diagnosis was made. Most often this was made at birth or soon afterwards. If the child was not sent to an institution, then I suggested that the child be taken care of by some other person. This would prevent later personal attachment which would, by reason of emotional confusion, prevent them from sending it to an institution at a later age when this might well be the best solution for the child's education or well-being. I have been taught by the parents of these children. I have found that often parents have less emotional strain if they keep their children for a number of years and then send them to an institution or school.

Retarded Child Can Give Pleasure

Some years ago I was called to see a five-year-old Mongol. She was ill, but in the conversation with the parents I brought up the idea of an institution for the child, with the conventional arguments that she could never have a family of her own; that she could not repay them in kind for the care she was getting; that her normal brother and sister would be stigmatized. They told me she repaid them a thousand times by her sweetness; that her brother and sister idolized her, and that anyway she was their responsibility. They would send her to a school when they thought she was better in a school.

The November, 1955 issue of *Coronet* contains an article by a father who writes on "We Kept Our Retarded Child at Home." He makes much the same observations. His child was not a Mongol from his description, but was more retarded than most Mongols. In my experience, I don't recall ever having a sister or brother "ashamed" of their retarded sibling. They may be teased about it, but they rise above it. I have been told of in-

stances, but they must be rare. I repeat that I am not here advocating keeping the severely retarded child at home. But the great majority of moderately and mildly retarded children do repay in a beautiful way everything that is done for them.

If parental philosophy is primarily to have our children become great, then my observations have little meaning. If it is to insure that they have love, sympathy, and the stimulus and help to develop as much as they are capable, then we understand one another. Often it is true that the less intellectually endowed, if given understanding, are kind and sweet and devoted.

I have been told by many that these children do not benefit from home life. Indeed, that is the premise on which they are not considered adoptable. The testimony of the heads of schools that treat and teach the retarded child is that coming from a sympathetic home the child is not only more adjusted, happier, but is taught more easily, fitting more quickly and better into the surroundings. Delinquency is less frequent. The schools to which they are sent, whether private or state, educate them to the limits of their ability, just in the same fashion that we send normal children to private or public schools. There are many retarded children so taught that they can earn a living and make a contribution to society. This is not only my personal experience, but the observation of many who educate these children.

There are not many of these children in our population. In Connecticut they have recently reported a census.¹ In each one hundred thousand school-age children, about two thousand are mildly retarded, four hundred and fifty are moderately retarded, and about one hundred and fifty are severely retarded. I know of no figures for children born out of wedlock but my feeling is that the ratio would be about the same, i.e., about two per cent mildly retarded, and much less than one

per cent moderately retarded and still less severely stricken.

What have these comments to do with adoption? The sequence of events in adoptive practice in Rochester has been that at one time the only child who was adoptable was the one who had a normal physical examination and good parentage. We subsequently, always with knowledge of the prospective parents, would offer for adoption children of poor parentage. Then our agencies began seeking proper homes for children with remedial defects. Lately they have placed in adoptive homes children with physical defects that cannot be remedied. They have frequently and successfully placed older children with severe emotional handicaps. Always everything that is known to the agency is divulged to the adoptive parents.

Place Any Child Who Would Benefit

My feeling is that we should go even further in offering for adoption any child that would benefit by a home—we should include the mildly and moderately retarded child. To find appropriate parents for these children is more difficult. The problem does not often arise, because fortunately there are relatively few of these children, but such homes can be found. Of this I am convinced. In fact such children have been placed in adoption in other communities and the results have been successful. It should be emphasized that in placing such children for adoption the greatest care would have to be taken to insure the sound motivation of proposed adoptive parents; sound humanitarianism, and no other motive, should be possessed equally by the prospective adoptive mother and father.

Approximately ninety-eight per cent of all children for adoption are normal. That is the kind that prospective parents apply for and rightly. Whenever a child is conceived, the prayer of the parents is that he be normal. But if he turns out to be less than normal he should not be denied a sympathetic home. Similarly, if the illegitimate child is abnormal he should, as other children, be given, if it is in our power to do it, a home like a similarly afflicted legitimate child. Couples,

¹ Roselle, Ernest N., "Changing Attitudes Towards the Mentally Handicapped," *The Exceptional Child Faces Adulthood*, Child Research Clinic of the Woods Schools, 1955 Spring Conference.

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especially the more mature and childless, who possess the breadth and depth of character to make them suitable to undertake the rearing of these children of whom I speak, at least to "school age," are rare, but they can be found.

Because the problem is rare, such a step would not increase by a great amount the work of the agencies. But it would increase and deepen and round out the philosophy that all children who, added to the misfortune of illegitimate birth or of being unwanted for any other reason, can also be aided in making the best of their physical, emotional, and mental handicaps. It is the inevitable step if we possess the philosophy that all children who can benefit from family life are adoptable.

1956 Placement Service

Once again a public employment service, manned by employment specialists, will be featured at National Conference of Social Work. This service, made possible by the cooperation of the National Conference of Social Work, National Social Welfare Assembly, Social Work Vocational Bureau and the U. S. Employment Service, is available only to those persons attending the Conference. It will be provided by the Missouri State Employment Service in cooperation with the U. S. Employment Service, and furnish means for bringing job orders and job applicants together at the Conference. A staff of experienced employment service interviewers will be available to implement the project.

Employers who have vacancies should register them at the nearest local office of the State Employment Service and ask that the order be forwarded to the Conference. Social workers interested in positions should register at the nearest local employment service office and ask that the application and a resume of their training and experience be forwarded to the Conference.

Both employer and applicant must check in at the Employment Service booth imme-

diately upon arrival at National Conference to activate the application. **The deadline for advance registration is May 7, 1956.**

READERS' FORUM

Protective Casework

DEAR EDITOR:

As a staff member of a private child welfare agency devoting itself primarily to the protective service field, it was heartening to find recent articles in *CHILD WELFARE* concerned with this subject.¹ Practitioners have often felt alone in the uphill struggle to interpret protective service both to professional and lay community alike. Mr. Beck throws some focus as well as light both historically and conceptually on a movement that has long been neglected by our own profession. In this respect alone, his treatment of the subject feels like a landmark in helping to "revitalize" interest in the protective field.

It was interesting to note that Mr. Beck referred on a comparative level to the terms protective service and aggressive casework. I believe this comparison can be misleading and calls for further explication.

Firstly I find myself deploring the continued use of the term "aggressive casework" which can be misleading, carrying with it the cultural connotation of hostility. If Mr. Beck sees the term as indicating essentially an assertive attitude on the part of an agency, and the worker in representing the agency, then there is a base for comparison. However, I believe the validity of the comparison ends at that point since, as Mr. Beck indicates, a protective service, by virtue of its *raison d'être*, goes much further in what it can, and often does, require of the caseworker as well as the parents.

If Mr. Beck is saying that the social work profession is coming into its own, feeling increasing confidence in its skills and in its

¹ Beck, Bertram, "Protective Casework: Revitalized," *CHILD WELFARE*, November 1955 and (Part II) December 1955.

capacity to help, and, if he feels that we are more outgoing toward our clients because of this, I would wonder whether this can, in itself, sufficiently explain the revitalization of interest in the protective field.

It is true that the surety and the belief in one's ability to help has grown concurrently and interdependently with the development of the social work profession and may have contributed to the development of the concept and practice of a more outgoing and aggressive type of casework than heretofore. This, in turn, as Mr. Beck points out, may very well have played a part in the current revival of interest in offering an agency service in behalf of neglected children. However, I wonder if it is not the caseworker's growing acceptance of the concept of authority and his relation to it as a helping person that has contributed so recently to the upsurge of interest in the protective field. One of the primary factors in the neglect of this field on the part of caseworkers can be attributed to our own discomfort with authority as it relates to the helping process. It was, and is, essentially our problem in correlating authority with help that has perpetually been the chief stumbling block toward a concerted effort to meet the increasing need for services to children in their own homes; a need which we know results to some significant degree from marked changes in social work concept and practice, reflecting the continually changing cultural climate. Our current thinking is epitomized by Dr. John Bowlby's monograph on "Maternal Care and Mental Health"² in which he expresses our growing conviction that children often derive something so nourishing and fulfilling in their own homes, no matter how deprived their living circumstances may be, that no substitute relationship can supplant. Truly, this conviction does give rise to an "aggressive" feeling about the service we are offering in behalf of these children. In this instance, as in all instances, however, assertiveness follows conviction and not the reverse.

² Monograph Series No. 2, World Health Organization, Geneva, Switzerland, 1952.

We know that, in order to pursue the protective function, authority has to be delegated to the protective agency in constituted form as, for example, in a charter. The agency in this way takes on the collective expression of community concern for its children. This is not the authority carried by any other social agency whether it practices the techniques used in aggressive casework or not. It is this unique authority of the protective agency that makes it possible for the protective caseworker to assert his role, hence to practice "aggressive" casework.

While there is "authority" associated with a body of knowledge and experience, such as that carried by a skilled caseworker in a family agency, a doctor, or a lawyer, it remains ultimately with the client as to whether he chooses to make use of this service or not. No matter how "aggressive" the family agency caseworker, doctor, or lawyer may be, this type of authority can only carry him to the point where the client is willing to use it. In each instance, the client can, if he wishes, either reject the service at the outset or withdraw from it at any time after it has been initiated. In such instances, the "authority" accruing to the caseworker, doctor, or lawyer cannot permit them to "aggressively" remain involved against the clients' wishes.

However, where there is authority based on a body of law, or a charter, and where law delegates or imposes this authority upon a responsible agency, the ultimate choice does not lie with the client as to the protective agency's continuing contact if the client is unwilling to use the service of the agency. For, in the ultimate, the protective worker is guided in his role by whatever action the parents do or do not take in behalf of their children. Authority, therefore, in the sense of knowledge per se, lacking the sanction of law, cannot in any way be compared with that authority that accrues to an agency when it is delegated a responsibility by society to act in its behalf. This does not mean, however, that the protective agency, which receives its authority by charter or law, can act arbitrarily through adjudication of neglect or dependency. We know that it devolves

upon the court of law to adjudicate since it is the institution created for that purpose. While it is felt in some quarters of the protective field that agency involvement in a family's existence on the basis of a complaint of neglect, before a court has ruled neglect is, in effect, an adjudication per se of neglect; this is not the case in fact.

In actuality, what happens is that the agency, in making its initial study, makes known to the parents its belief that neglect exists in a particular situation. It is then left with the client to either acknowledge or contest this belief. Significantly enough, in the large majority of cases where neglect is existent, the parent is able to affirm it himself and is able to move on toward a positive use of the agency's service. However, at any point in the process where the client feels that he is an adequate parent, he can test the agency's continuing concern for his children by seeking adjudication in court.³

While it is necessary and commendable that we be concerned with the possibility that we may be taking too much power unto ourselves or may be misusing it, it is also clear that an unusual or unfounded fear in doing so may act as a deterrent in the carrying out of our delegated role. Hence, the need for a firm grounding in training and/or experience plus a full comprehension and acceptance of the place of authority in casework practice. It remains to be said that the only justification for the invasion of the sanctity of the home, on the part of a protective agency, must be located in the delegated authority of the agency leading to the subsequent conviction on the part of the protective worker in his "right to be" in the situation. I don't believe that Mr. Beck makes sufficiently clear the difference between an invasion of democratic rights of the client and the true role of the agency in its offer of a protective service.

³ Editor's Note: While the potential misuse on the part of a lay citizen of this protective function is a matter for agency consideration, where a good casework relationship exists there should be no need for a parent to seek "adjudication in court" of his status as parent.

Let us also face another reason for the obvious reluctance on the part of many workers to enter this most difficult field. While the need for help in any social setting is qualitatively as great wherever need exists, it has yet been the fact that the relative comfort associated with services to voluntary clients appeals to many of us as social workers. This is to be contrasted with the obvious emotional discomfort associated with asserting our role as representatives of community concern for its children as well as the frequent physical discomfort of working in behalf of neglected children who are living under sordid circumstances.

Another reason for the revitalization of protective casework mentioned by Mr. Beck is the growing appreciation on the part of social workers of the capacity of people to change. I feel this statement needs a much fuller treatment than Mr. Beck was able to give it. It holds significance of tremendous import to our field since there are still many of us who find it hard to trust our clients' strength sufficiently to permit them to make their own choices within the limits of the services that we offer.

We in our agency find it most helpful to be able to offer our clients each of the three types of service mentioned in Part II of Mr. Beck's article, but the manner in which these services are rendered depends to some extent on the place that the protective agency has within a given community; i.e., the quality of its performance is directly related to the depth of community understanding and acceptance of its role. The agency's relationship with the local court is of inestimable importance in this respect. Hence, with the above in mind, it is safe to say that it is often the local situation that acts as a determinant as to how the various types of protective service may be offered.

Mr. Beck is to be congratulated on courageously examining a neglected social work field.

LOUIS FEIGELSON

Director of Case Work, The Children's Protective Service, Cincinnati, Ohio

A BOARD MEMBER SPEAKS

Challenge of Change

THE MOST impelling fact of the hour is that sweeping changes are taking place on every front of human effort. The field of social work is no exception.

As a board member sensitive to changing needs of your community and your agency, you owe yourself the experience of attending this year's *National Conference of Social Work* which will be held in St. Louis May 20 to 25, 1956.

We would like to call to your special attention three meetings. Mr. Louis Towley, Professor of Social Work at the George Warren Brown School of Social Work, Washington University, St. Louis, will conduct a session on "Board Members' Obligation—Agency Standards." Mr. Towley has led a number of board member institutes in St. Louis and elsewhere in the country.

Board members and other lay people concerned with financing will be interested in the presentation of material on the Unit Cost Study conducted by two Child Welfare League agencies under the auspices of the Child Welfare League and the Children's Bureau. One part relates to unit costs in a foster home and adoption agency, and the other to unit costs in a treatment center.

The Child Welfare League dinner meeting is also an interesting and stimulating experience. This year's speaker will be Charles I. Schottland, Commissioner of Social Security, U.S. Department of Health, Education and Welfare, Washington, D. C.

Make a date to keep up-to-date by attending the National Conference of Social Work in St. Louis, May 20 to 25.

MRS. IRVING EDISON

Board Member, Child Welfare League of America

NEWS FROM THE FIELD

Interpreting Foster Family Care

"GO FORTH and tell the citizenry about foster homes. Until more people know what is expected of foster parents, we cannot expect to get the type homes we need so

desperately." This is what the Child Welfare Division of the Welfare Planning Council, Los Angeles region, told representatives of public and private child-placement agencies in 1952. What these representatives, who then formed the Foster Home Interpretation Committee, have done in answer to their charge, follows.

Almost immediately it became evident that each agency represented, some ten, had special children with specific needs to consider. Each agency, faced with its own requirements, quickly elected to maintain autonomous recruitment within the individual agency structures. A joint plan to tell the community about foster care, then, became the purpose of our endeavor. Interpretation became the key word and joint efforts toward this end became the job to be done.

The Committee earnestly believes that in the telling, i.e. "the interpretation" of foster care, the community will become enlightened and so benefit the agencies singly and jointly. The direction then resolved into a joint effort of all members to tell specifics about foster care to the community.

A staff member from the Child Welfare Division has always acted as advisor and secretary. The chairman has always been a lay person interested in child welfare. Professional representation from the agencies has always been by the caseworkers most directly concerned with the actual evaluation of prospective foster parents. A few agencies were able to provide representatives from their boards. Two subcommittees, our Speakers Bureau and our Publicity Committee, are chaired by lay people who have special interest and talents in their respective fields.

The specific methods of disseminating our efforts at interpreting foster care have taken many forms, the first of which has been a pamphlet entitled *Thank You For Asking*. This pamphlet is sent by the agencies or by the Council to tentative inquirers. The pamphlet carries general information on the responsibilities of foster parents and a list of the agencies which offer foster home programs should the inquirer wish to contact an individual agency. (The pamphlet is used as

a "first response" to inquiries resulting from some of our other methods of approach.) Another use of the pamphlet is to send it and a summary article describing foster homes to radio, TV, newspaper and magazine people. In 1953 the Speakers Bureau was established to contact church groups, PTA's, service clubs, etc. To make interpretation more graphic, a color sound film, *To Stranger As To Kin*, was purchased. It tells the story of a family's becoming interested in being foster parents and of the actual placement of a little boy. A professional person always accompanies the film when it is shown, to discuss the film and answer questions about foster care. The Publicity Committee took responsibility for preparing a letter and releases about the film. A Telephone Committee has recently been added to the Speakers Bureau to assist in following up original contacts.

We have had two popular television producers become sufficiently interested in foster care to make films on the subject for presentation on their half-hour shows. The intelligent response to these programs, by families writing for more information, was evidence that the interpretation was good. These letters were forwarded to our chairman from the TV stations and the Committee as a whole took responsibility for answering each inquiry personally. Other television or radio programs included personal interviews with Committee members and with foster parents. Continuous participation in future programs is planned and anticipated.

Newspaper publicity concerns specific items on foster care needs, individual agencies, foster parents, or our pet topic, "What is Foster Care?" We have a series of articles planned for the future which will appear in a number of leading newspapers.

National recognition of the work of this Committee was given by the *Ladies Home Journal* and in a three-page picture story in *Living for Young Homemakers*. This marks our beginning in national magazine publicity. Two magazines, having circulation on the West Coast, have scheduled articles on foster family care for the near future.

Probably the greatest value of the Committee to the agencies is their continuous working together toward a common goal. The members are able to exchange ideas and discuss how their specific needs can be met by the joint effort of the Committee as a whole.

A broader value of the Committee is its position as liaison between the agencies and the community. There has been substantiating evidence that the general public knows more about the care being given to children by foster family placement agencies, and the agencies have stated prospective parents are better informed as to their role in the total agency program. The Committee believes these two results to be ample justification for its existence.

PATRICIA EDWARDS

*Chairman of the Foster Home Interpretation Committee
Welfare Planning Council, Los Angeles Region and*

CHARLOTTE LANGLEY

*Vista Del Mar Child-Care Service
Los Angeles, Calif.*

BOOK NOTES

A Child Development Point of View, by James L. Hymes, Jr., Prentice-Hall, N. Y., 1955. 145 pp. \$3.00 (clothbound), \$2.00 (paperbound).

Behavior and Misbehavior: A Teacher's Guide to Action, by James L. Hymes, Jr., Prentice-Hall, 1955. 140 pp. \$3.00 (clothbound), \$2.00 (paperbound).

Jimmy Hymes, as he is affectionately known by his co-workers and friends, is Professor of Elementary Education at George Peabody College for Teachers, Nashville, Tennessee. In the fields of child development and teacher education, he is an outstanding person. He cares deeply for children, has a keen understanding of how they develop and rare ability to impart to his students an appreciation of what makes good living for children—what helps to develop "a sense of trust." He has prepared these two companion volumes for public school teachers, but they contain much that would help any of us who are working with and for children. Social workers in the children's field may find a fresh point of view in Jimmy Hymes's way of looking at children.

The author discusses what "*A Child Development Point of View*" is and the goals

which this point of view aims to further. He points out that the best results come when children of any age from nursery school through high school like their teachers, like their work and like themselves. As each of these is discussed for various age groups, the reader finds himself rethinking from a child development point of view the case of Johnny, Janice or Billy and finds himself raising some challenging questions as to the best ways to help them to feel able and important.

The companion book, *Behavior and Misbehavior: A Teacher's Guide to Action*, discusses discipline or the teaching of good behavior. Two kinds of children are discussed: the stable healthy ones and the troubled ones who have been emotionally handicapped. The teacher is urged to make a distinction between the straight teaching needed for teaching discipline to the stable group and the remedial teaching needed for those whose pasts have hurt them.

For teaching discipline to the stable group, short term gains and permanent ones are discussed. Good sources are cited of inexpensive materials that will help the teacher to see the whole sweep of development and to see "what youngsters do because of the age they

are." The author helps the teacher to understand why activity, variety, usefulness and responsibility are ingredients of good teaching and how punishment can be "an honorable teaching method" when it is not used unthinkingly. In using various methods of punishment the hazards as well as the virtues must be seen very clearly. The teaching goals should be the child's increased understanding, appreciation and enjoyment culminating in new warm relationships.

In discussing the much smaller number of children who will need remedial teaching, Dr. Hymes stresses the importance of understanding the basic satisfactions these children have missed and why the teaching methods must be entirely different. The reader finds himself seeing almost too vividly the urgent need of making every effort to provide emotionally wounded and starved children a good life with teachers who understand them, know in what stage of development they are, and who are able to help children live with themselves and with others.

EDNA MOHR

Former Executive Director,
Elizabeth McCormick Foundation, Chicago,
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CLASSIFIED PERSONNEL OPENINGS

Classified personnel advertisements are inserted at the rate of 10 cents per word; boxed ads at \$6.50 per inch; minimum insertion, \$2.50. Deadline for acceptance or cancellation is eighth of month prior to month of publication. Ads listing box numbers or otherwise not identifying the agency are accepted only when accompanied by statement that person presently holding the job knows that the ad is being placed.

TUCSON, ARIZONA: Caseworker for small but growing children's non-sectarian agency, offering residential and foster home services for children, casework for parents, casework with unmarried mothers, and adoption services. Prefer worker experienced in these areas with emphasis on adoption. Salary commensurate with experience and proven ability. Write Carleton S. Wilder, Executive Secretary, Arizona Children's Home Association, 540 N. 7th Ave., Tucson, Ariz.

PUBLIC CHILD WELFARE WORKER. Central California. Integrated case load. Foster home licensing and placement, protective services, unmarried mothers and adoptions. Partial or full graduate training will qualify. May appoint at \$3930. Vacation, sick leave, group health insurance. Apply Director, Kings County Department of Public Welfare, P.O. Box 599, Hanford, Calif.

CASEWORKER — WOMAN — for small progressive institution caring for boys and girls. Member CWLA. Small caseload, psychiatric consultation. Supervision by casework director. Master's degree social work required plus experience in children's psychiatric clinic or child welfare agency. Beginning salary \$4320-\$4500. Write Miss Maxine Elliott, Director, Hathaway Home, 840 North Ave. 66, Los Angeles 42, Calif.

COME TO COLORFUL COLORADO! Immediate opportunities for qualified child welfare workers in CWLA and APWA member agency. Salary range \$3624-\$4596. Excellent employee benefits, fully-qualified supervision. Psychiatric services. Unusual opportunity for professional development in complete child welfare program. Promotional opportunities. Write Personnel Officer, Denver Department of Welfare, 777 Cherokee, Denver, Colo.

CHILD WELFARE SERVICES WORKERS needed for fast-growing southern California county in developing adoptions or child welfare work. Excellent supervision. Starting salary \$327. Benefits. Must have one year in graduate school social work. Write County Civil Service Office, 236 Third St., San Bernardino, Calif.

CASEWORKER in small private children's agency offering residential and foster home programs; services to unmarried parents; adoptions. Good supervision; psychiatric consultation; opportunity for professional growth. Requirements: Master's degree social work school; experience in adoption desirable. Woman. Can appoint at salary of \$4500. Miss Gertrude Breese, Woodfield Children's Village, 1899 Stratfield Rd., Bridgeport 29, Conn.